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This was the first university lecture I gave in my new life as a private citizen and at the time I gave it, I had many scheduled for the next several months. I often wondered if there would be a life after being Surgeon General and I could hardly believe what opportunities existed. I was offered some kind of an academic connection with 200 colleges or universities. I turned down serious lucrative memberships on boards of a number of companies, kept consultant work to a minimum, but enjoyed my life as a lecturer particularly learning what people wanted to know and therefore, was particularly certain that a question and answer sessions were part and parcel of each lecture.

One of the things that changed in my new life was that the lectures I gave as Surgeon General were usually were never longer than 30 minutes and sometimes 20 sufficed. In my new life, I aimed for the academic principle of 50 minutes out of the hour, but I found that many of my hosts when paying me to give a lecture expected me to talk for 60 minutes.

I was naïve about lectures given under University auspices. I rather, thought I'd be speaking to students and learning what students wanted to know. I found to the contrary that most University lectures were short on students, long on members of the community plus some faculty. That didn't change much that I was prepared to say, but it certainly did change what I the type of questions from the audience, which I enjoyed, no matter who asked them.

So, in this lecture, which might be considered a stereotype of lecture to students, if I were really talking to students, I talk about the health of their parents, which should be high on their list of priorities and my advice included everything from life-style changes to getting checked for a hearing aid. That led to a discussion of the disease-free aging process, as well as the misconception of Americans, that when you get sick it's up to the medical profession to bring you back to your former health or to patch up your injury with little thought that they ought to take you beyond your former health status to a higher state of health than was enjoyed before your encounter with illness.

The discussion of life-style got into things about alcohol, tobacco, exercise and diet, and then, of course, to the epidemic of the day, AIDS.

In this lecture, I laid out my platform of opposition to the tobacco industry for attempting to deny or trivialize the important public health information on tobacco that I had made

part of my role as Surgeon General. Tobacco got me into the reprehensible behavior of our government in reference to tobacco sales and the American pressures associated therewith in developing nations.

I began to discuss for the first time, which would be my habit for years to come to say that smoking globally was our business, just as much as smoking was domestically.

I covered my interest with children with special needs going all the way from Baby Doe to what eventually evolved, which was "Family-centered, community-based, comprehensive and coordinated care for children with special needs".

I tied alcohol and drugs into highway accidents and went into the death and disability that resulted therefrom. I ended up with a concept of prevention being so much better than that of treatment of disease already established, which led very naturally into health care and the development of our three-tier system when we thought two was bad enough. The conclusion of the speech went with the need for health care reform and grew in speeches following this. -- Health care reform and health policy making became prominent requests for speeches all over the country, which continues to this day.

This speech was written so that a few pages here and a few pages there could be left out for accommodating purposes of length, etc., but in this version for the user, all pages are included.